

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10/686688</div>		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	30					
Total Claims	34					

May be used for additional claims or amendments.

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